AUG 30 1937

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

28162

1. PLACE OF DEATH
County Randolph
Township
City Huntsville (No. , St. Ward)
Registration District No. 733
Primary Registration District No. 4438
File No.
Registered No.

2. FULL NAME Jane Ann Sandison
(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28, 1880
7. AGE YEARS 56 MONTHS 8 DAYS 23 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntsville

FATHER
13. NAME Charles C. Sandison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

MOTHER
15. MAIDEN NAME Mary Ann Chapman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT (ADDRESS) Mr. Fort Sandison Huntsville Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Huntsville DATE July 23 1937
19. UNDERTAKER (ADDRESS) Tom B. Paxton Huntsville Mo
20. FILED Aug. 10 1937 Mrs. L. A. Barnhart Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21, 1937
22. I HEREBY CERTIFY, That I attended deceased from April 1937 to July 21, 1937
I last saw her alive on July 21, 1937 Death is said to have occurred on the date stated above, at 3:15 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cancer liver | |

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Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H C Griffiths M.D., M. D.
(Address) Moberly Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.